

SUMMARY OF CAMPAIGN CONTRIBUTIONS AND EXPENSES
2000 PRIMARY AND GENERAL ELECTIONS

State of Nevada

BOB WOLF I.V.G.I.D. TRUSTEE N/A
Candidate's Name(print) Office District (if applicable)
596 TYNER WAY INCLINE VILLAGE NV 89451 (775) 831-4121
Mailing Address (include city and zip code) Telephone Number

REPORT NUMBER 3 - DUE JANUARY 15, 2001

Report Period Begins: October 26, 2000

Report Period Ends: January 5, 2001

CONTRIBUTIONS SUMMARY

- | | |
|--|----------------|
| 1. From Report Numbers 1 and 2, total amount of contributions in excess of \$100 | <u>0</u> |
| 2. From Report Numbers 1 and 2, total amount of contributions of \$100 or less | <u>150.-</u> |
| 3. Report Number 3, total amount of contributions in excess of \$100 | <u>0</u> |
| 4. Report Number 3, total amount of contributions of \$100 or less | <u>0</u> |
| From Report Numbers 1, 2, and 3, actual number of
contributions of \$100 or less <u>3</u> | |
| 6. Interest and income earned, if any, during this report period | <u>0</u> |
| 7. TOTAL AMOUNT OF ALL CONTRIBUTIONS
(add lines 1 through 6) | <u>\$150.-</u> |

EXPENSES SUMMARY

- | | |
|--|------------------|
| 8. From Report Numbers 1 and 2, total amount of expenses in
excess of \$100 | <u>\$1596.26</u> |
| 9. From Report Numbers 1 and 2, total amount of expenses of \$100
or less | <u>326.52</u> |
| 10. Report Number 3, total amount of expenses in excess of \$100 | <u>0</u> |
| 11. Report Number 3, total amount of expenses of \$100 or less | <u>69.90</u> |
| 12. TOTAL AMOUNT OF ALL EXPENSES
(add lines 7 through 11) | <u>\$1992.68</u> |

If no contributions or expenses are listed during this Report Period, only this page of the report needs to be filed with your filing officer.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

January 8, 2001
Date

Bob Wolf
Signature of Candidate

BOB WOLF	I.V. OF I.D	TRUSTEE	N/A
Candidate's Name (print)	Office	District (if applicable)	

Expenses of \$100 or Less

[illegible][illegible]

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Bob Wolf I.V.G.I.D N/A
Candidate's Name (print) Office District (if applicable)

Expenses Categories

CATEGORIES	CODE	TOTALS
Office expenses	A	\$ 3.95
Expenses related to volunteers	B	0
Expenses related to travel	C	20. -
Expenses related to advertising	D	45.95
Expenses related to paid staff	E	0
Expenses related to consultants	F	0
Expenses related to polling	G	0
Expenses related to special events	H	0
Goods and services provided in kind for which money would otherwise have been paid	I	0
Other miscellaneous expenses	J	0

BOB WOLF I.V.G.I.D. TRUSTEE N/A
Candidate's Name (print) Office District (if applicable)

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY	DATE(S) OF EACH EXPENSE	AMOUNT(S) OF EACH EXPENSE
N/A			

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REPORT PERIOD Number 3

Candidate's Name (print)

Office

District (if applicable)

Expenses of \$100 or Less

[illegible]

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